

United States Bankruptcy Court Northern District of Illinois, Western Division						Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Rodriguez-Lara, Alma				Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 3406				Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all):																							
Street Address of Debtor (No. and Street, City, and State) 64 Wildwood Trails Cary, Illinois				Street Address of Joint Debtor (No. and Street, City, and State)																							
ZIPCODE 60013				ZIPCODE																							
County of Residence or of the Principal Place of Business: Mchenry				County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																							
ZIPCODE				ZIPCODE																							
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE																					
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below) _____		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts																							
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one of more classes, in accordance with 11 U.S.C. § 1126(b).																							
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">1-49</td><td style="text-align: center;">50-99</td><td style="text-align: center;">100-199</td><td style="text-align: center;">200-999</td><td style="text-align: center;">1000-5000</td><td style="text-align: center;">5,001-10,000</td><td style="text-align: center;">10,001-25,000</td><td style="text-align: center;">25,001-50,000</td><td style="text-align: center;">50,001-100,000</td><td style="text-align: center;">OVER 100,000</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table>								1-49	50-99	100-199	200-999	1000-5000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1000-5000	5,001-10,000			10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000																
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Estimated Assets <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/> \$0 to \$10,000</td><td style="text-align: center;"><input type="checkbox"/> \$10,000 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,000 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td></tr></table>						<input checked="" type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,000 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,000 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Voluntary Petition

(This page must be completed and filed in every case)

Document

Page 2 of 9

Name of Debtor(s):

Alma Rodriguez-Lara

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: Rockford, IL	Case Number: 00 B 71209	Date Filed: April 14, 2000
Location Where Filed: Rockford, Illinois	Case Number: 04 B 72475	Date Filed: May 10, 2004

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.

☒ /s/ Richard T. Jones 03/20/2007
Signature of Attorney for Debtor(s) Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

☐ Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor)

☐ Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Document Page 3 of 9	
Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Alma Rodriguez-Lara
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Alma Rodriguez-Lara</u> Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p><u>03/20/2007</u> Date</p>	<p style="text-align: center;">Signature of a Foreign Representative of a Recognized Foreign Proceedings</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to § 1511 of title 11 United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ (Date)</p>
<p style="text-align: center;">Signature of Attorney</p> <p>X <u>/s/ Richard T. Jones</u> Signature of Attorney for Debtor(s)</p> <p>RICHARD T. JONES 6184629 Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p><u>138 Cass Street</u> Address</p> <p><u>Post Office Box 1693 Woodstock, Illinois 60098</u></p> <p><u>(815) 334-8220</u> Telephone Number</p> <p><u>03/20/2007</u> Date</p>	<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>	

Official Form 1, Exhibit D (10/06)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Western Division**

In re Alma Rodriguez-Lara
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

Official Form 1, Exh. D (10/06) – Cont.

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]**[Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Alma Rodriguez-Lara
ALMA RODRIGUEZ-LARA

Date: 03/20/2007

American Home Shield
c/o Transworld Systems
25 NW Point Blvd., #750
Elk Grove Village, IL 60007

Case 07-70632

Doc 1

American Home Shield
Post Office Box 1800
Memphis, TN 38101

Filed 03/20/07

Document

Entered 03/20/07

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Bally's
c/o American Home Shield
Post Office Box 2036
Warren, MI 48090-2036

Britt A. Barber, DDS
2615 Three Oaks Road, #2D
Cary, Illinois 60013-6119

Britt A. Barber, DDS
c/o Trojan Professional Serv.
Post Office box 1210
Los Alamitos, CA 97020-1270

Capital One
1957 Westmoreland Road
Post Office Box 26094
Richmond, VA 23260-6094

Caring Family
781 McHenry Avenue
Crystal Lake, Illinois 60014

Caring Family
c/o ACC International
919 Estes Court
Schaumburg, Illinois 60193

Chadwick's of Boston
One Chadwick Place, Box 4400
Taunton, MA 02780-7359

City of Chicago
Dept. of Revenue
Post Office Box 88292
Chicago, Illinois 60680

City of Chicago/Dept. of Revenue
c/o A. S. Harris, PC
600 W. Jackson Blvd., #720
Chicago, IL 60661

Conseco Finance Retail Serv.
Attn.: Bankruptcy Dept.
7360 S. Kyrene Rod
Tempe, AZ 85283-9824

Conseco Finance/Greentree
c/o Pierce & Assoc.
1 N. Dearborn Street, #1300
Chicago, IL 60602

Discover Financial Serv.
c/o Boudreau & Assoc.
5 Ind. Way
Salem, New Hampshire 03079

Discover Financial Services
Post Office Box 8003
Hilliard, Ohio 43026

Express
Post Office Box 182508
Columbus, OH 43218

Financial Credit Corp.
Post Office Box 2040
Warren, MI 48090-2040

First National Bank of McHenry
3814 West Elm Street
McHenry, Illinois 60050

George N. Atia, MD
120 N. Northwest Highway
Barrington, Illinois 60010

George N. Atia, MD
c/o First Fed. Credit Control
Post Office Box 20790
Columbus, OH 43220

Good Shepherd Hospital
450 W. Highway 22
Barrington, Illinois 60010

Good Shepherd Hospital
c/o Harris & Harris
600 W. Jackson Blvd., #400
Chicago, Illinois 60661

Good Shepherd Hospital
c/o ICS
Post Office Box 646
Oak Lawn, IL 60454

Good Shepherd Hospital
c/o OSI Collection Service
Post Office Box 646
Oak Lawn, IL 60454-0646

Interpath, Inc.
5620 Southwyck Blvd.
Toledo, OH 43614

Interpath, Inc.
c/o United Collection Bureau
7017 Pearl Rd., #206
Middleburg Heights, OH 44130

Lake/McHenry Pathology Assoc.
520 East 22nd Street
Lombard, Illinois 60148

McNeal Hospital
3249 S. Oak Park Ave.
Berwyn, IL 60402

Menards/Household Bank
Attn: Bankruptcy
Post Office Box 15521
Wilmington, DE 19850

Mid America Bank
c/o Connolly, Ekl, & Williams
115 W. 55th Street, #400
Clarendon Hills, IL 60514

Moraine Emergency Phys.
c/o NCO Financial Systems
507 Prudential Rd.
Horsham, PA 19044

Moraine Emergency Physicians
Post Office Box 8759
Philadelphia, PA 19101-8759

NCO Financial
507 Prudential Road
Horsham, PA 19044

Nicor Post Office Box 2020 Aurora, Illinois 60507-2020	Nordstrom c/o American Bank Note Company Post Office Box 129 Thorofare, NJ 08086-0129	Nordstrom c/o American Bank Note Company Attn: Bankruptcy Dept. 7324 SW Freeway, #1200 Houston, TX 77074
Case 07-70632 Doc 1 Filed 03/20/07 Entered 03/20/07 13:32:06 Desc Main Document Page 7 of 9		
Nordstrom Post Office Box 25126 Santa Ana, CA 92799	Northern IL Medical Center c/o OSI Collection Post Office Box 959 Brookfield, WI 53008	Northern IL Medical Center Post Office Box 1447 Woodstock, Illinois 60098
Novas Dohr & Coll c/o Creditors Alliance, Inc. Post Office Box 1288 Bloomington, IL 61702-1288	Novas Dohr & Coll OB/GYN 111 Lions Drive, #210 Barrington, Illinois 60010-3175	Professtional Recovery Services Post Office Box 1880 Voorhees, NJ 08043
Providian Attn: Bankruptcy Post Office Box 10467 Greenville, SC 29603-0467	Providian c/o Boudreau & Assoc. 5 Ind. Way Salem, NH 03079	Quest Diagnostics c/o AMCA Post Office Box 1235 Rumsford, NY 10523-0935
Quest Diagnostics Post Office Box 64500 Baltimore, MD 21264-4500	Sharyl E. Barkin 100 Fox Glen Barrington, IL 60010	Sprint c/o Allied Interstate 3000 Corporate Exchange Dr. Columbus, OH 43231
Sprint PCS Customer Care Post Office Box 8077 London, KY 40742	Todd S. Giese, MD 781 McHenry Avenue Crystal Lake, Illinois 60014	Transamerica c/o Asset Acceptance Post Office box 2039 Warren, MI 48090-2039
Triad Financial Corp. Post Office Box 3299 Huntington Beach, CA 92605-3299	VIP Family Health Care Center 914 Route 22 Fox River Grove, IL 60021	Westlake Financial Services 4751 Wilshire Blvd., #1000 Las Angeles, CA 90010
Yaung Soo Kim, MD 8135 N. Milwaukee Ave. Niles, Illinois 60714	Yaung Soo Kim, MD c/o Harvard Collection Services 4839 N. Elston Ave. Chicago, IL 60630-2534	

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Western Division**

In re Alma Rodriguez-Lara,
Debtor

Case No. _____

Chapter 13

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 2 pages, is true, correct and complete to the best of my knowledge.

Date 03/20/2007

Signature
of Debtor

/s/ Alma Rodriguez-Lara
ALMA RODRIGUEZ-LARA

B203
12/94

United States Bankruptcy Court
Northern District of Illinois, Western Division

In re Alma Rodriguez-Lara

Case No. _____

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 3,000.00

Prior to the filing of this statement I have received \$ 500.00

Balance Due \$ 2,500.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

03/20/2007

Date

/s/ Richard T. Jones

Signature of Attorney

Name of law firm